

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14468

FILED MAY 3 1955 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) Washington Twp c. LENGTH OF STAY (In this place) 10-6-16 c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 3 Nevada e. STREET ADDRESS (If rural, give location) 2221 Kellett 0396

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) - ELLEN - c. (Last) WOLLARD

4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 8. DATE OF BIRTH March 22, 1889 9. AGE (In years last birthday) 66 10. IF UNDER 1 YEAR Months 0 Days 20 Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Bolmer Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alonso Hamby 13b. MOTHER'S MAIDEN NAME Anna Blair 14. NAME OF HUSBAND OR WIFE John Wollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Records State Hosp 3 Nevada ADDRESS State Hosp 3 Nevada

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Paralysis of Insane MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 10 years +
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 025X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 26, 1944 to April 12, 1955 that I last saw the deceased alive on April 11, 1955, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Barone M.D. 23b. ADDRESS State Hosp 3 Nevada 23c. DATE SIGNED 4-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 4-14-55 24c. NAME OF CEMETERY OR CREMATORY Shady Grove 24d. LOCATION (City, town, or county) (State) Polk County Mo.

DATE REC'D BY LOCAL REG. 4-29-55 REGISTRAR'S SIGNATURE Anna E. Ferris 451 25. FUNERAL DIRECTOR'S SIGNATURE Charles Fennel Ave Nevada Mo. ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

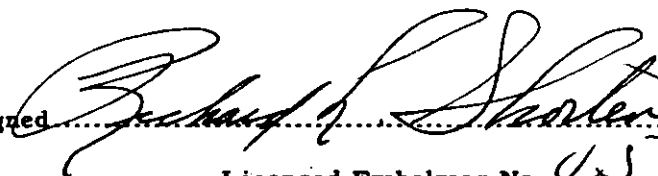
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3361 OT MDP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 45

P. O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.